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#### Contributions of "Letters to the Editor" and News and Notes

The Editorial Board will be glad to receive and consider for publication letters containing information of general interest to physicians throughout the State or presenting constructive criticisms on controversial issues of the day. Also News and Notes items regarding the affairs and activities of hospitals, individuals, communities and local medical societies and groups throughout the State.

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George Wolf, Fresno.....	1962

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Roberta Fenlon, San Francisco	
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Jane Schaefer, San Francisco.....	1962
Philip Westdahl, San Francisco.....	1962

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 Dan Tucker.....President  
 6301 Bullard Dr., Oakland  
 Carl Goetsch.....Secretary  
 2915 Telegraph Ave., Berkeley

**BUTTE-GLENN Medical Society**, P. O. Box 1008, Chico. Meets Fourth Thursday.  
 Charles S. McCulloch.....President  
 101 West 2nd Ave., Chico  
 Jay O. Gibson.....Secretary  
 170 E. 2nd Ave., Chico

**FRESNO County Medical Society**, 2155 Amador, Fresno. Meets Second Tuesday, 6:30 p.m., Sunnyside Country Club.  
 David R. Taylor.....President  
 1237 "R" St., Fresno  
 Harlan F. Fulmer.....Secretary  
 530 W. Floradora Ave., Fresno

**HUMBOLDT-DEL NORTE County Medical Society**. Meets Second Thursday.  
 Don J. Lowe.....President  
 730 - 7th St., Eureka  
 Robert L. Devine.....Secretary  
 730 - 7th St., Eureka

**IMPERIAL County Medical Society**. Meets Second Tuesday, 8 p.m., Pioneer Memorial Hospital, Brawley.  
 Donald C. Zavala.....President  
 239 S. 8th St., El Centro  
 Ernest Brock.....Secretary  
 200 S. Imperial Ave., Imperial

**INYO-MONO County Medical Society**. Meets Fourth Tuesday except December, January, February.  
 Victor H. Hough.....President  
 Box 218, Independence  
 Donald L. Christenson.....Secretary  
 124 N. Main St., Lone Pine

**KERN County Medical Society**, 2603 G Street, Bakersfield. Meets Third Tuesday, 7:30 p.m., Society Office, 2603 G Street, except June, July, August.  
 Harold C. Freeman.....President  
 406 James St., Shafter  
 Max Newman.....Secretary  
 1420 Crestmont Dr., Bakersfield

**KINGS County Medical Society**. Meets Second Thursday, 7:00 p.m. Place to be announced.  
 Willard S. Bridwell.....President  
 1028 N. Doury, Hanford  
 E. E. Kerr.....Secretary  
 208 No. Doury, Hanford

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 P. O. Box 637, Quincy

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**MARIN Medical Society**, 1601 Second St., Suite 106, San Rafael. Meets First Thursday, 7:00 p.m.  
 J. J. Arons.....President  
 711 D St., San Rafael  
 Calvin Plumhof.....Secretary  
 711 D St., San Rafael

**MENDOCINO-LAKE County Medical Society**.  
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 206 S. Oak St., Ukiah  
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**MERCED County Medical Society**. Meets Fourth Thursday, Hotel Tioga, Merced.  
 J. Neil Medefind.....President  
 652 West 20th St., Merced  
 Patrick J. Maloney.....Secretary  
 656 West 20th St., Merced

**MONTEREY County Medical Society**, P. O. Box 308, Salinas. Meets First Thursday.  
 A. F. Kandlbinder.....President  
 835 Cass St., Monterey  
 Osman Hull.....Secretary  
 716 Cass St., Monterey

**NAPA County Medical Society**. Meets Second Wednesday, 980 Trancas St., Napa.  
 Thomas W. Ledwich.....President  
 980 Trancas St., Napa  
 Erwin Walla.....Secretary  
 1775 Lincoln St., Napa

**ORANGE County Medical Association**, 1226 N. Broadway, Santa Ana. Meets First Tuesday, 7:00 p.m.  
 William K. Friend.....President  
 1125 E. 17th St., Santa Ana  
 Waynard W. Lowe.....Secretary  
 1321 N. Harbor, Fullerton

**PLACER-NEVADA County Medical Society**. Meets Second Wednesday.  
 F. Lynn Smith.....President  
 P. O. Box 757, Colfax  
 Arthur R. Weaver.....Secretary  
 701 High St., Auburn

**RIVERSIDE County Medical Association**, 4175 Brockton Ave., Riverside. Meets Second Monday, 8:00 p.m., El Loro Room, Mission Inn.  
 John G. Fast.....President  
 6876 Magnolia, Riverside  
 Helen Clark.....Secretary  
 4175 Brockton Ave., Riverside

**SACRAMENTO Society for Medical Improvement**, 5380 Elvas Ave., Sacramento 19. Meets Third Tuesday, 8:30 p.m., Sutter Hospital Auditorium.  
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 William L. Cover.....President  
 575 W. 5th St., San Bernardino  
 George W. Smith.....Secretary  
 1374 Waterman Ave., San Bernardino

**SAN DIEGO County Medical Society**, 3427 - 4th Ave., San Diego 3. Meets Second Tuesday, San Diego Club, 1250 Sixth Ave., San Diego 10.  
 Winston C. Hall.....President  
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**SAN FRANCISCO Medical Society**, 250 Masonic Ave., San Francisco 18.  
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 250 Masonic Ave., San Francisco 18  
 Edgar Wayburn.....Secretary  
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 1100 Laurel St., San Carlos

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 222 W. Pueblo St., Santa Barbara  
 T. K. Hill.....Secretary  
 300 W. Pueblo St., Santa Barbara

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 San Jose Hospital, 14th St. and E. Santa Clara, San Jose  
 G. I. Smith.....Secretary  
 100 Connor Dr., San Jose

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 343 Church St., Santa Cruz  
 John W. Morris.....Secretary  
 230 Walnut Ave., Santa Cruz

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 1348 Market St., Redding  
 Vonnice Dunston.....Secretary  
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**SOLANO County Medical Society**. Meets Second Tuesday, 8:00 p.m., at different meeting places.  
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 740 Texas St., Fairfield  
 Albert Cohn.....Secretary  
 609 Georgia St., Vallejo

**SONOMA County Medical Society**, 121 Sotoyome St., Santa Rosa. Meets Second Thursday.  
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 121 Sotoyome St., Santa Rosa  
 Richard T. Johnston.....Secretary  
 121 Sotoyome St., Santa Rosa

**STANISLAUS County Medical Society**, 303 Downey Ave., Modesto. Meets Third Tuesday of the month, 7 p.m., Hotel Covell, Modesto.  
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 515 South C St., Oxnard  
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 3081 Loma Vista Rd., Ventura

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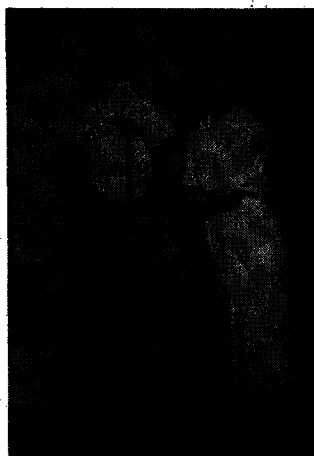
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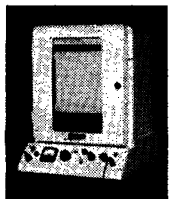
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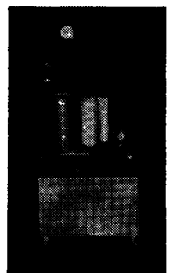
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## Guidance Quacks Create More Problems Than They Solve

Quack guidance counsellors cause more problems than they solve, an article in the December *Today's Health* magazine warned recently.

Persons seeking advice about personal, educational or vocational problems should make sure they obtain the services of a qualified guidance counselor, Willard Abraham, Ph.D., chairman of the department of special education, Arizona State University, Tucson, Ariz., wrote in the magazine published by the American Medical Association.

"Thousands of people in recent years have learned too late how easy it is to become involved in guidance fakery, and how difficult it is to come out unharmed," he said.

The charlatan's advice often results in "loss of money, wasted time, and emotional upheavals," he said.

There are several ways that the bona fide counselor can be recognized and located, Abraham said.

"The qualified guidance person has a strong academic background in the area where he proposes to provide assistance," he said.

"His college or university degrees will be from reputable institutions, and he should be a member of a recognized and respected professional organization related to his work. He should obviously be successful in the field where he professes to be an authority, whether it's the world of occupations or the marriage arena!"

Certain professional groups publish directories of qualified persons or organizations, Abraham said.

Directories on file in local libraries can save "money, time, and trouble," he advised. Other sources of information are the Better Business Bureau and the Chamber of Commerce, he said.

"Sound guidance is based on something more substantial than a sincere question quickly followed by a pat answer," he said. "It attempts to help a person help himself, to lead him through a maze of facts, fancy, and fallacy. It encourages him to make his *own* final decision, the one with which he alone will have to live."

Abraham also listed 10 ways in which to avoid quack counsellors:

—Don't depend on "systems," such as astrology, handwriting analysis, etc.

—Don't accept guidance by mail.

—Don't accept a ready-made formula that sounds as though it would fit dozens of other people.

—Don't trust the counsellor whose promises, in the first or second consultation, are definite or *too* satisfying.

—Don't be a victim of high-pressure advertising. The competent counsellor needs no such means for building a reputation.

(Continued on Page 24)

## New Attack Successful Against Drug-Resistant Bacteria

A new method of fighting bacteria which resist antibiotics was reported in the November 18 *Journal of the American Medical Association*.

Bacterial infections of the urinary tract were cured by antibiotics which previously had no beneficial effect after the administration of new mercurial compounds, Drs. John K. Lattimer, Harry Seneca, Hans H. Zinsser, and J. T. Donovan, New York City, said in a preliminary report.

The authors noticed that drug-resistant bacteria produced a high level of urease, an enzyme which like all enzymes acts as a catalyst in the chemical processes of the body.

Further experimentation revealed that a mercurial compound known as chlormerodrin interfered with the production of urease and rendered the bacteria susceptible to the same antibiotic it previously resisted, the researchers said.

Subsequently two other drugs were developed to block this enzyme activity and have proved to be "more effective," they said. These drugs are still in the experimental stage and have not been named, they said.

The enzyme blockers made one particularly troublesome germ, *Aerobacter aerogenes*, susceptible to

antibiotics, the authors reported. This germ now accounts for a large portion of chronic urinary infections, they said, and causes a high death rate.

## Guidance Quacks Create More Problems Than They Solve

(Continued from Page 16)

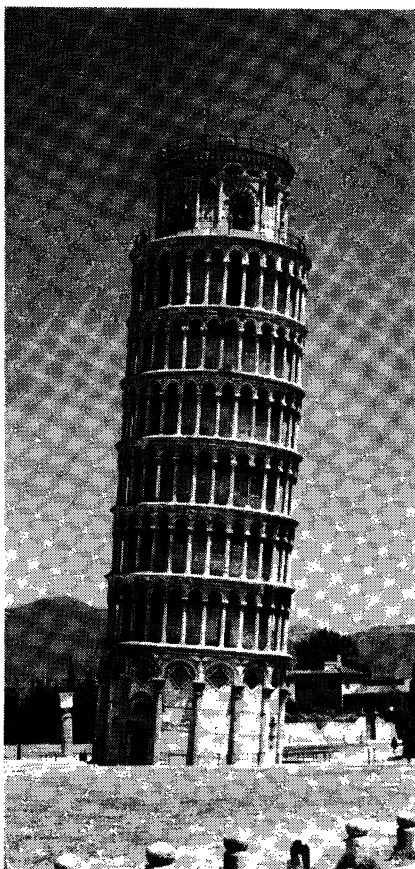
—Don't sign anything without reading it thoroughly.

—Don't fall victim to such "sure bait" for the gullible as a doctoral degree from a foreign university and "an accent that rivals Charles Boyer's." A counsellor's qualifications should be based on something more substantial.

—Don't assume that one test can give a dependable answer on which to base future action. No reputable guidance person or psychologist would restrict himself that much in helping to evaluate the problem.

—Don't be deluded by too many tests followed by obscure interpretations. The competent counsellor uses devices cautiously, and is careful to interpret results in layman's language.

—Don't depend on a counsellor whose library related to the kind of problem you have seems inadequate or even non-existent.



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1. *Methyl-Testosterone-Thyroid in the Treatment of Impotence*, A. S. Titeff (Prepub. Report).
2. *Thyroid-Androgen Relations*, L. Hellman, et al., *The Jrl. of Clin. Endocrinology and Metabolism*, August 1959.

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## Closed-Chest Massage Restarts Heartbeat in 78 Per Cent

Closed-chest cardiac massage was successful in 78 per cent of 138 sudden heart arrests, three Baltimore researchers said recently.

James R. Jude, M.D.; William B. Kouwenhoven, Dr. Ing., and G. Guy Knickerbocker, M.S.E., reported on their experience with the technique during the past two and one-half years at Johns Hopkins Hospital, in the December 16 *Journal of the American Medical Association*.

The technique consists of applying intermittent pressure on the lower breast bone which compresses the heart.

Using this method, coupled with artificial respiration, the heartbeat was restored in 107 of 138 arrests occurring in 118 patients, the authors said. Twenty-eight patients, or 24 per cent, survived the arrest and underlying disease to leave the hospital, they said.

Application of pressure to the proper part of the breast bone usually will prevent most complications of closed-chest massage, the authors said. Fractured or cracked ribs are the "most common complication" of this method, they said. However, this is not a major concern unless so many ribs are broken the resiliency of the rib cage is destroyed, they said.

The authors said that in the same patient external cardiac massage provides blood pressure as high as internal massage, i.e., the direct manual massage of the heart after an incision in the chest.

In comparing the two methods, they said, internal massage could produce damage to the heart more severe than that so far observed in hearts externally massaged.

Although mechanical devices to replace the human hand in external cardiac massage are under development and study, the authors said, their place in heart resuscitation is not yet established.

"While they are not likely to be the primary approach in reestablishing blood flow, they may form a secondary or supportive role," they said. "Clinical and experimental observations have shown them to be very effective in maintaining circulation."

PANLOBULAR AND CENTRILOBULAR EMPHYSEMA: CORRELATION OF CLINICAL FINDINGS WITH PATHOLOGIC PATTERNS —H. C. Sweet, J. P. Wyatt, A. J. Fritsch, and P. W. Kinsella. *Ann. Intern. Med.*—Vol. 55:565 (Oct.) 1961.

The clinical histories of 194 cases are correlated with the type and extent of emphysema found in postmortem lung macrosections. The patients dying of emphysema alone show that cough begins on the average at age 53, and after five years dyspnea on exertion appears, followed in seven years by cardiac failure leading to death at the average age of 68. Panlobular cases often have a cardiac onset, are more obese, have higher blood pressure levels, larger hearts, and more frequent cardiac failure. Right ventricular hypertrophy is more common, and the total lung capacity is usually greater in panlobular than in centrilobular emphysema.



## Intestinal Virus Linked To Common Cold

For the first time an intestinal virus has been found to cause the common cold.

The virus, Coxsackie A-21, one of a group of "hardy agents of small size" which commonly inhabit the intestinal tract of man, was recovered from the throats of cold sufferers among Marine personnel at Camp Lejeune, N. C. Group A Coxsackie viruses previously have been associated with mild fevers and neurological diseases.

The discovery was reported by Karl M. Johnson, M.D., Maurice A. Mufson, M.D., and Robert M. Chanock, M.D., National Institutes of Health, Bethesda, Md., and Lt. Cdr. Henry H. Bloom, Ph.D., USN, Camp Lejeune, N. C., in the January 13 *Journal of the American Medical Association*.

The importance of Coxsackie A-21 in producing cold symptoms and the possible role of other intestinal viruses in this syndrome remain to be determined, the authors said. If Coxsackie A-21 is found to contribute substantially to the incidence of colds, they said, there are indications that a preventive Coxsackie A-21 vaccine would prove effective.

Although the picture is still far from clear and large obstacles may be encountered in any attempt to prevent respiratory illness by vaccination, these findings indicate that "important new information"

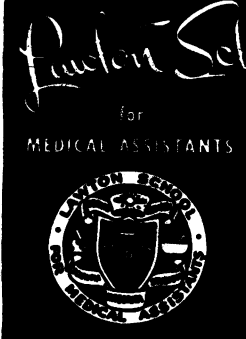
about the nature of colds in adults will be forthcoming, a *Journal* editorial said. It is "not unlikely" that intestinal viruses may prove to be the cause of a certain percentage of colds, it said.

Investigators in this country and England have recovered other viruses having properties of intestinal viruses from persons with cold-like illnesses, the editorial said. This preliminary work indicates that there are numerous distant intestinal-like viruses capable of producing colds, it said.

In the Camp Lejeune study, 214 strains of Coxsackie A-21 virus were recovered from selected Marine recruits reporting to the base dispensary

(Continued on Page 40)

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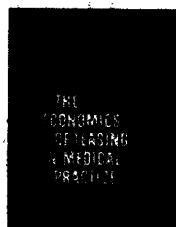
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Advances in Surgery.....	One Week, March 19
Plastic Surgery of Head and Neck.....	One Week, April 9
Basic Principles in General Surgery.....	Two Weeks, April 23
General Surgery.....	One Week, May 7; Two Weeks, April 2
Gynecology, Office & Operative.....	Two Weeks, April 9
Vaginal Approach to Pelvic Surgery.....	One Week, Mar. 26
Obstetrics, General & Surgical.....	Two Weeks, March 12
Pain Relief in Childbirth.....	3 Days, March 7
Proctoscopy & Sigmoidoscopy.....	One Week, March 26
Treatment of Varicose Veins.....	One Week, March 26
Basic Internal Medicine.....	Two Weeks, March 26
General Practice Review.....	One Week, May 21
Basic Electrocardiography.....	One Week, March 19
Gallbladder Surgery.....	3 Days, March 12
Surgery of Hernia.....	3 Days, March 15
Urology.....	Two Weeks, April 2
Surgery of the Hand.....	One Week, April 16

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## Intestinal Virus Linked To Common Cold

(Continued from Page 33)

both with and without respiratory ills during a 10-week period beginning September 12, 1960, the authors reported. Thirty-nine Coxsackie A-21 virus strains were recovered in a similar study of Marine nonrecruits, i.e., force troops stationed at the base for longer periods than the recruits, they said.

Rapid and extensive spread of infection was favored among the recruits by the high rate of turnover of personnel and numerous opportunities for close personal contact while housed in barracks, they said. By comparison, force troops were well dispersed and had considerably less opportunity for close personal contact, they said.

The study indicated that the virus was spread primarily via the respiratory route.

Among recruits the virus was recovered in 50 per cent of those with colds and 38 per cent of those without colds, a difference termed "statistically significant."

Among nonrecruits recovery of the virus was four times higher in the men with colds than in the men without colds.

Of 122 nonrecruits with colds, the virus was recovered from 32, while only 6 virus isolations were obtained from 108 men without colds, the authors reported.

These studies provide "the first evidence that Coxsackie A-21 virus may be recovered more frequently from persons with mild upper respiratory disease than from persons without such illness," the researchers concluded.

Not all of the respiratory illness which occurred during the study period could be associated with the Coxsackie virus, they said, and it was impossible to link any pattern of physical complaints with the presence of the virus.

However, in a comparison of cold victims with the virus and cold victims without the virus, the sniffles, headache, chills and fever were reported more frequently by those with the virus, they said.

During the study, 16 recruits were hospitalized with pneumonia, the researchers said, but a study of this group indicated that Coxsackie A-21 was not a causative factor.

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# BOOKS RECEIVED

*Books received by CALIFORNIA MEDICINE are acknowledged in this column. Selections will be made for more extensive review in the interest of readers as space permits.*

**THE ABORTIONIST**—By Dr. X As Told to Lucy Freeman. Doubleday & Company, Inc., 575 Madison Avenue, New York 22, N. Y., 1962. 216 pages, \$3.95.

**DIAGNOSIS AND THERAPY OF THE GLAUCOMAS**—Bernard Becker, M.D., Professor and Head of the Department of Ophthalmology, Washington University School of Medicine, St. Louis, Mo.; and Robert N. Shaffer, M.D., F.A.C.S., Associate Professor of Ophthalmology, University of California School of Medicine, San Francisco, Calif. The C. V. Mosby Company, 3207 Washington Blvd., St. Louis 3, Missouri, 1961. 360 pages, \$18.00.

**THE DYNASTY—A Medical Novel**—Charles H. Knickerbocker. Doubleday & Company, Inc., 575 Madison Ave., New York 22, N. Y., 1962. 416 pages, \$4.50.

**FORENSIC MEDICINE—Fourth Edition**—Keith Simpson, M.D.(Lond.), Reader in Forensic Medicine to the University of London at Guy's Hospital, London. Edward Arnold (Publishers) Ltd., London—distributed by "The Williams & Wilkins Co., Baltimore, exclusive U.S. agents," 1961. 355 pages, \$7.50.

**HALOTHANE (FLUOTHANE)**—C. Ronald Stephen, B.Sc., M.D., C.M., Professor of Anesthesia, Duke University School of Medicine, Durham, North Carolina; Consultant in Anesthesia, Veterans Administration Hospital, Durham, North Carolina; McCain Sanatorium, McCain, North Carolina; Fort Bragg Army Hospital, North Carolina; Portsmouth Naval Hospital, Virginia; and David M. Little, Jr., M.D., Department of Anesthesiology, Hartford Hospital, Hartford, Connecticut. The Williams & Wilkins Company, Baltimore 2, Maryland, 1961. 142 pages, \$6.00.

**HYPERTENSION—RECENT ADVANCES**—The Second Hahnemann Symposium on Hypertensive Disease—edited by Albert N. Brest, M.D., Assistant Professor of Medicine and Head, Section of Hypertension and Renology, Hahnemann Medical College and Hospital, Philadelphia, Pa., and John H. Moyer, M.D., Professor and Chairman of The Department of Medicine, Hahnemann Medical College and Hospital, Philadelphia. Lea & Febiger, 600 Washington Square, Philadelphia 6, Pa., 1961. 660 pages, \$12.00.

**MEASUREMENTS OF EXOCRINE AND ENDOCRINE FUNCTIONS OF THE PANCREAS (With a Section on Fibrocystic Disease)**. Proceedings of the Second Applied Seminar of the Association of Clinical Scientists. Edited by F. William Sunderman, M.D., Ph.D., Sc.D., Director, Division of Metabolic Research and Clinical Professor of Medicine, Jefferson Medical College, Philadelphia, Pa.; and F. William Sunderman, Jr., M.D., Instructor in Medicine, Jefferson Medical College, Philadelphia; Consultant in Clinical Pathology, Harrisburg Hospital, Harrisburg, Pa. J. B. Lippincott Company, East Washington Square, Philadelphia 5, Pennsylvania, 1961. 203 pages, \$11.00.

**SPINE, THE—A Radiological Text and Atlas—SECOND EDITION**, Thoroughly Revised—Bernard S. Epstein, M.D., Chief, Department of Radiology, The Long Island Jewish Hospital, New Hyde Park, New York, and Clinical Professor of Radiology, The Albert Einstein College of Medicine, New York. Lea & Febiger, Philadelphia, Pa., 1962. 616 pages, \$16.50.

**STRONG MEDICINE**—Blake F. Donaldson, M.D. Doubleday & Company, Inc., 575 Madison Avenue, New York 22, New York, 1962. 245 pages, \$3.95.

**TRAUMA—Medicine, Anatomy, Surgery for Lawyers**—Vol. 3, No. 3—Marshall Houts, LL.B., Editor-in-Chief; Edward R. Pinckney, M.D., Executive Editor (Medical); Robert S. Stone, M.D., Managing Editor (Medical); Paul D. Canto, M.D., LL.B., Executive Editor (Medico-Legal). Published every two months by Matthew Bender & Company, Inc., 255 Orange Street, Albany 1, N. Y., October, 1961. 116 pages, no price quoted.

## NEW BOOK

### CLINICAL DIAGNOSIS BY LABORATORY EXAMINATIONS

By JOHN A. KOLMER, M.D. 3rd ed. 555 pages.  
Illustrated. (1961) Appleton. \$10.

No one in the country has equalled or approached Kolmer's experience in writing about laboratory tests, from the Kolmer version of the Wassermann to date. The new edition, only the third since 1943, is rewritten. Not a manual of techniques, it stresses definitive diagnoses in terms of laboratory aids. The balance of interests and the choices of aids will not please everyone, but the clarity of descriptions will. The author, now a Professor Emeritus at Temple, has made a courteous bid for dental interest.



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# California M E D I C I N E

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

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Volume 96

FEBRUARY 1962

Number 2

## Cardiac Resuscitation Through the Intact Chest

LAURENCE M. RIVKIN, M.D., and  
RICHARD E. GARDNER, M.D., San Francisco

TREATMENT of circulatory arrest resulting from cardiac asystole or ventricular fibrillation must be immediate and definitive. Until recently cardiac resuscitation was effected only by open thoracotomy and manual compression of the heart. Under ideal circumstances in the operating room, with the aid of an anesthesiologist, a trained surgeon can resuscitate most patients. In other locations in the hospital, the need for thoracotomy makes prompt and effective resuscitation more difficult.

Kouwenhoven and his associates<sup>1</sup> described a technique of external cardiac compression which was spectacularly successful in reviving many patients in whom circulatory arrest suddenly occurred. This method, consisting of rhythmic external compression on the lower sternum combined with external defibrillation in patients with ventricular fibrillation, was successful in resuscitating patients on the medical wards as well as in the operating room. It has also been successfully applied to patients in whom cardiac arrest occurred outside the hospital.

Recently, as representatives of the Surgical Committee of the San Francisco Heart Association, we studied this new method. An experimental program was established to confirm the efficacy of the closed chest technique in dogs. Experience was also gained in clinical application.

From the Cardiac Surgery Service, Mount Zion Hospital, and the Department of Surgery, University of California Medical Center, San Francisco 22. Supported in part by a grant from the San Francisco Heart Association.

Submitted August 9, 1961.

• External cardiac compression and external defibrillation were successful in resuscitating 27 consecutive dogs after the production of ventricular fibrillation. Twelve patients survived following circulatory arrest treated with closed chest cardiac compression and, when indicated, defibrillation. Five additional patients were successfully resuscitated but died in the hospital. In fifteen cases, resuscitation was not successful.

### METHOD

Forty mongrel dogs, weighing 10 to 20 kg., were anesthetized with intravenous sodium pentobarbital. An endotracheal tube was inserted and was attached to a positive pressure respirator. The chest was shaved, and two electrodes were applied, one over the cardiac apex and one over the manubrium. The electrocardiogram and blood pressure were continuously recorded. A shock of 110 volts, A.C., of 1 second duration invariably resulted in ventricular fibrillation.

External cardiac compression was then instituted with the Kouwenhoven technique, modified for dogs because of their thoracic contour. The dog was placed halfway between the supine and right lateral decubitus position, and pressure was applied to the left side of the sternum. Rhythmic pressure of about 80 pounds was applied at a rate of 30 to 40 compressions a minute by the heel of the hand, the pressure being maintained half a second each time.

## EDITORIAL

### Medical Aid to the Aged

FOR THE PAST SEVERAL YEARS we have been encountering a growing display of concern over the well-being of our older citizens, with reference particularly to their health care needs.

This concern has progressed to the point where the "over 65" individual has become a prime political figure, an object of professional political interest.

For whatever reason—probably because the Social Security laws selected it as the age for retirement—there seems to be an inspired notion that age 65 is a dividing line between active citizens and abject, poverty-stricken ill persons whose only resource is the public treasury.

This concept has been heatedly debated by physicians, who realize that chronological and physical age may have no relationship to each other. Nevertheless, with age 65 on the statute books as the age of retirement, of withdrawal from the community of earners, the American public has had this number engraved indelibly as *it*.

Politicians of all orders have reason to recognize the fact that those people above age 65 may be retired, may have leisure time and may have demands to make on the government. These people also have one vote each. Hence, the time-serving politician who can promise and deliver a financial windfall to such people can rather factually expect that they will remember his name when they next go to the voting booth.

If this sounds cynical, we should consider the fact that the benefits under the Social Security laws have been increased every two years for a good many years back. The years in which such benefits have been enlarged have happened to be the years in which general elections are scheduled. The person who is retired and is drawing Social Security benefits is, every two years, handed an increase in his

allowance. The cost of the increase is met by increased taxes of those under 65 who are required to pay taxes into the fund.

Medicine as a profession has not been too keenly aware of this progressive increase until recent years. More than likely, physicians have been unaware of what was going on for the reason that most physicians are not themselves covered by Social Security and have not been paying out in their own behalf the ever-rising taxes needed to carry the ever-rising benefit payments.

Several years ago the Congress voted a huge sum of money to be subvented to the states, where it was to be matched and the combined sum spent to provide certain medical benefits to those citizens listed on the welfare rolls. This was known as OAA, or Old Age Assistance. The cry that went up from physicians at that time is still echoing throughout the land. In California, physicians in several areas voted to forego all fees for the care of these needy people rather than submit to governmental control.

This clamor and this direct action have largely disappeared today, doubtless because physicians as a whole have accepted the responsibility of furnishing care for their older needy patients, regardless of the conditions imposed by the politicians.

More recently a demand has been built up in Washington for a system of furnishing hospital and nursing home care to those people over age 65 who are recipients of Social Security benefits. The Social Security System, under these proposals, would become a furnisher of services rather than cash. Very little imagination is needed to project such a system into the provision of one more service tomorrow and another the next day or the next week.

Since every person confined to a hospital or a nursing home must have medical attention, it is only natural for physicians to figure that where the institutional services would be provided as a starter,

# California MEDICAL ASSOCIATION

## NOTICES & REPORTS

### Council Meeting Minutes

*Tentative Draft: Minutes of the 475th Meeting of the Council, Los Angeles, Biltmore Hotel, December 9, 1961.*

The meeting was called to order by Chairman Sherman in the Galeria Room of the Biltmore Hotel, Los Angeles, on Saturday, December 9, 1961, at 10:00 a.m.

#### Roll Call:

Present were President Bostick, President-Elect Wheeler, Speaker Doyle, Vice-Speaker Heron, Secretary Hosmer, Editor Wilbur and Councilors MacLaggan, Wilson, Todd, Quinn, O'Neill, Kirchner, O'Connor, Ham, Rogers, Dalton, Murray, Davis, Miller, Sherman, Morrison, Kaiser, Anderson and Teall. Absent for cause, Councilor Campbell.

A quorum present and acting.

Present by invitation were Messrs. Hunton, Thomas, Marvin, Whelan, Klutch, Tobitt, Clark and Bowman, Dr. Miller and Mrs. Griffith of C.M.A. staff; Messrs. Hassard and Huber of legal counsel; Messrs. Read, Salisbury and Fraser of the Public Health League, county society executives Scheuber of Alameda-Contra Costa, Lingerfelt of Fresno, Geisert of Kern, Field and Dalbec of Los Angeles, Somerville of Napa, Bannister of Orange, Donmyer of San Bernardino, Nute and Burris of San Diego, Neick of San Francisco, Grove of Monterey, Thompson of San Joaquin, Wood of San Mateo, Donovan and Colvin of Santa Clara, Blankfort of Marin, Brown of Sonoma, Bailey of Tulare and Rideout of Butte-Glenn; Dr. Malcolm Merrill of the State Department of Public Health; Dr. Lester McDonald and Mrs. Eunice Evans of the State Department of Social Welfare; Dr. Norman Brill of the State Department of Mental Hygiene; Dr. T. Eric Reynolds and Messrs. Paolini and Purdy of California Physicians' Service; Doctors Gerald W. Shaw, Robb Smith and others.

#### 1. Minutes for Approval:

On motion duly made and seconded, minutes of the 474th Council meeting, held November 11, 1961, were approved.

#### 2. Membership:

(a) A report of membership as of December 6, 1961, was submitted and ordered filed.

(b) On motion duly made and seconded, seven delinquent members, dues now paid, were voted reinstatement.

(c) On motion duly made and seconded, Dr. Anna Catherine Stous of Alameda-Contra Costa County was voted Associate Membership.

(d) On motion duly made and seconded in each instance, Doctors Albert M. Meads of Alameda-Contra Costa County, Donald C. Fowler of Marin County and William H. Geistweit, Jr. of San Diego County were voted Retired Membership.

(e) On motion duly made and seconded, two members were voted a reduction of dues because of illness or postgraduate study.

#### 3. State Department of Public Health:

Dr. Malcolm Merrill, State Director of Public Health, reported on regulations adopted by the de-

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WARREN L. BOSTICK, M.D. . . . .	President
OMER W. WHEELER, M.D. . . . .	President-Elect
JAMES C. DOYLE, M.D. . . . .	Speaker
IVAN C. HERON, M.D. . . . .	Vice-Speaker
SAMUEL R. SHERMAN, M.D. . . .	Chairman of the Council
RALPH C. TEALL, M.D. . . . .	Vice-Chairman of the Council
MATTHEW N. HOSMER, M.D. . . .	Secretary
DWIGHT L. WILBUR, M.D. . . .	Editor
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# Ninety-first Annual CALIFORNIA MEDICAL ASSOCIATION

— **APRIL 15-18, 1962** —

## SIX OUTSTANDING GUEST SPEAKERS

### *Surgery*

MICHAEL E. DEBAKEY, M.D., Professor and Chairman of Department of Surgery, Baylor University College of Medicine, Houston.

### *Anesthesiology*

ARTHUR S. KEATS, M.D., Professor of Anesthesiology, Baylor University College of Medicine, Houston.

### *Pathology*

MALCOLM B. DOCKERTY, M.D., Surgical Pathologist, Mayo Clinic, Rochester.

### *Internal Medicine*

E. GREY DIMOND, M.D., Director, Institute for Cardiopulmonary Diseases, Scripps Clinic and Research Foundation, La Jolla.

### *Cardiovascular Research*

LOUIS N. KATZ, M.D., Director of Cardiovascular Research, Michael Reese Hospital and Medical Center, Chicago.

### *Pediatrics*

ALEXANDER S. NADAS, M.D., Associate Clinical Professor of Pediatrics, Harvard Medical School, and Cardiologist, Children's Hospital Medical Center, Boston.

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### Management of Occlusive Arterial Disease

What's New in Hypertension?

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*Clinical Use of the New Penicillins*

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• Ovarian Tumors

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# Scientific Meeting...

SPECIAL FEATURE: Tuesday Afternoon—2 to 5 P.M., April 17

## *Basic Science Session*

### *Chemistry*—The Fat Problem—Critical Biochemical Appraisal

WENDELL H. GRIFFITH, PH.D., Professor and Chairman, Department of Physiological Chemistry, UCLA School of Medicine.

### *Anatomy*—Brain Mechanisms for Innate Behavior

HORACE W. MAGOUN, PH.D., Professor of Anatomy, Member of Brain Research Institute, UCLA School of Medicine.

### *Biology*—Tissue Culture in Modern Medicine

C. M. POMERAT, PH.D., Director, Division of Cellular Biology, Pasadena Foundation for Medical Research, and Clinical Professor of Pathology, Loma Linda University School of Medicine.

### *Pharmacology*—The Effects of Some Steroids on Cardiac Function

JOHN L. WEBB, PH.D., Professor and Head of Department of Pharmacology, USC School of Medicine.

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## **OTHER ATTRACTIONS**

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### *Preventive Medicine and Public Health*

Present Status of Polio Immunization in the United States

C. A. SMITH, M.D., Assistant Surgeon General, U. S. Public Health Service, Atlanta, Georgia. To be discussed by EDWARD B. SHAW, M.D., Professor and Chairman of Department of Pediatrics, University of California School of Medicine, San Francisco.

### *Radiology*—Medical Aspects of Nuclear Reactor Accidents

GEORGE L. VOETZ, M.D., Medical Services Officer, Atomic Energy Commission, Arco, Idaho.

### *Disaster Medical Care*—Medical and Civil Defense

EDWARD TELLER, PH.D., Associate Director, Lawrence Radiation Laboratory; Professor of Physics-at-Large, University of California, Berkeley.

- |  |   |
|--|---|
| • Color Television from Presbyterian Medical Center. | • Pre-Convention Cancer Conferences on Pathology & Radiology, Saturday, April 14. |
| • Medical Motion Picture Symposia.                   | • House of Delegates Opening Session, Saturday evening, April 14.                 |
| • Hotel Reservations: See page 134.                  |   |

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## **PLAN NOW TO ATTEND**

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Sunday through Wednesday, April 15-18, 1962

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# DINNER - DANCE

*Presidents' Annual Reception: Crystal and Fountain Rooms, 7 to 8 p.m.*

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# APPLICATION FOR HOTEL ACCOMMODATIONS

FOR YOUR CONVENIENCE in making hotel reservations for the coming meeting of the **California Medical Association**, April 15-18, 1962, San Francisco, hotels and their rates are at the right. Use the form at the bottom of this page, indicating your first and second choice. Because of the limited number of single rooms available, your chance of securing accommodations of your choice will be better if your request calls for rooms to be occupied by two or more persons. **All requests for reservations must give definite date and hour of arrival as well as definite date and approximate hour of departure; also names and addresses of all occupants of hotel rooms must be included.**

**All Reservations must be made  
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C.M.A. Housing Bureau**

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## Ninety-first Annual Session CALIFORNIA MEDICAL ASSOCIATION San Francisco, California APRIL 15\*-18, 1962

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<b>FAIRMONT TOWER</b> California and Mason.....	26.00-31.00	30.00-36.00	from 65.00
<b>HUNTINGTON</b> 1075 California .....	14.00-20.00	15.00-25.00	40.00- 50.00
<b>SHERATON-PALACE</b> Market at New Montgomery	9.85-15.00	13.85-19.00	25.00- 75.00
<b>ST. FRANCIS</b> Powell and Geary.....	12.00-24.00	15.00-27.00	30.00- 55.00
<b>SIR FRANCIS DRAKE</b> Sutter and Powell.....	12.00-17.00	14.00-22.00	34.00- 52.00
<b>JACK TAR</b> Van Ness and Geary.....	14.00-24.00	16.00-24.00	32.00- 54.00

\*April 14: House of Delegates will start with evening meeting Saturday, April 14, at the Mark Hopkins Hotel; all Scientific Sessions and Exhibits will be at the Fairmont Hotel.

†The above quoted rates are existing rates but are subject to any change which may be made in the future.

CALIFORNIA MEDICAL ASSOCIATION—Housing Bureau  
693 Sutter Street  
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Please reserve the following accommodations for the 91st Annual Session of the California Medical Association, in San Francisco, April 15-18, 1962. (House of Delegates members: First meeting of House begins Saturday afternoon, April 14, Mark Hopkins Hotel.)

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THE NAME OF EACH HOTEL GUEST MUST BE LISTED. Therefore, please include the names of both persons for each twin-bedded room requested. Names and addresses of all persons for whom you are requesting reservations and who will occupy the rooms asked for:

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**CALIFORNIA MEDICAL ASSOCIATION**

***1962 Annual Session***

**FAIRMONT HOTEL • SAN FRANCISCO**    *April 15 to 18*

- Presidents' Dinner Dance  
Sunday, April 15—Venetian Room
- House of Delegates  
(MARK HOPKINS HOTEL)  
Opening Session Saturday Evening, April 14  
Tuesday Afternoon, April 17, and Wednesday, April 18
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## Black Eye Can Be Serious Injury

Although a black eye usually connotes "a droll state of affairs," it can be a serious injury, according to an article in the January 6 *Journal of the American Medical Association*.

The visible signs of a black eye may mask the underlying injury, Dr. Leonard G. Doubleday, Houston, Tex., said. A blow of sufficient intensity can fracture the floor of the bony socket which contains the eye, he said. Unless the fracture is detected, he said, the eye will retract into the orbital cavity and double vision will occur.

The possibility of this type of fracture should be suspected in all cases of black eye, Dr. Doubleday said, and adequate x-ray examinations of the orbital floor should be made.

"It is apparent that the black eye in many instances is not an innocuous injury," he said.

## No Evidence Food Additives Endanger Public Health

The Council on Foods and Nutrition of the American Medical Association said recently there is "no reason to believe" the present use of chemicals in foods endangers public health.

"Responsible manufacturers have made careful safety tests before the introduction of new chemicals, and the Food and Drug Administration is diligently

and effectively protecting the consumer from the presence of hazardous chemicals under existing federal laws," the Council said in a statement in the November 18 *Journal of the American Medical Association*.

At the same time, the Council criticized several provisions of the existing laws.

The 1958 Food Additives Amendment to the Food, Drug and Cosmetic Act permits continued use of additives used in food prior to 1958 "without toxicity tests" if qualified experts generally recognize them as having been shown safe, the Council said. However, it said, the Council believes that "decisions to continue the use of additives should be based on demonstrations of their safety through scientific methods."

The Council also urged either repeal or revision of certain clauses in the Food Additives Amendments and the 1960 Color Additive Amendments. Both clauses prohibit the setting of tolerances for the use of cancer-causing agents in foods.

These clauses could prohibit the addition of certain essential nutrients to foods if "any amount" of the substance was shown to cause cancer, the Council said. Technically, these clauses contribute nothing to the safe use of food additives since any hazardous use of an additive is already prohibited in the general provisions of the food additive amendment, it said.

(Continued on Page 72)

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## Warning Signs Not Rare In Stroke Victims

Warning signs are "far from rare" in persons who suffer strokes, according to an article in the November *Archives of Neurology*, published by the American Medical Association.

Of 120 patients whose medical records were studied, 19 gave a history of premonitory symptoms, Dr. Charles E. Wells, Nashville, Tenn., reported.

It is probable that the incidence of warning signs would have been even higher had examining physicians made a special search for them, he said.

Headache was the most common warning symptom, appearing to be related to the subsequent stroke

in 10 patients, Dr. Wells said. In five of these patients, the headache was localized to the side of the head in which blockage of a cerebral blood vessel later occurred, he said, and in the other five the headache was generalized.

Six other patients experienced various neurologic dysfunctions such as numbness, weakness, slurred speech and disorientation, he said. The other three patients described neurological symptoms in the days or weeks preceding the appearance of the stroke, he said, but it was difficult to assess their significance.

## Study Urged of Possible Morphine Substitute

Two Baltimore physicians have urged further study of a new drug, methotrimeprazine, as a possible nonaddicting substitute for morphine.

Writing in a December 2 *Journal of the American Medical Association*, Drs. Louis Lasagna and Thomas J. DeKornfeld, Johns Hopkins University School of Medicine, said the compound deserves careful scrutiny in the search for a potent pain-reliever "devoid of certain undesirable effects of morphine, in particular the tendency to cause addiction."

"Its apparent analgesic potency, coupled with the absence of physical dependence capacity in animals, make the compound one of compelling interest," they said.

The drug, one of a class that depresses the central nervous system, has been employed in the treatment of psychiatric disorders in Europe and Canada, the authors said.

In 1960 two investigators reported they were unable to demonstrate a physical-dependence capacity for the drug in monkeys, the Johns Hopkins researchers pointed out.

In a study to determine its ability to relieve post-operative pain, Drs. Lasagna and DeKornfeld administered the drug by injection to 66 surgical patients at Baltimore City Hospitals.

They concluded that methotrimeprazine "appeared to be as effective as morphine, milligram for milligram, in the relief of bed-patients suffering from postoperative pain."

No disturbing side effects were traced to the drug, they said.

Oral administration of the drug to a group of obstetrical patients did not relieve their pain, the authors reported.

Only by accumulating more experience with different patient populations and experimental approaches can the usefulness of methotrimeprazine as a pain reliever in various conditions be defined, they said.

"Questions of tolerance, physical dependence, side effects, and toxicity require investigation," they said.

For many years the medical profession has sought

(Continued on Page 76)

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# APPLICATION FOR HOTEL ACCOMMODATIONS

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\*April 14: House of Delegates will start with evening meeting Saturday, April 14, at the Mark Hopkins Hotel; all Scientific Sessions and Exhibits will be at the Fairmont Hotel.

†The above quoted rates are existing rates but are subject to any change which may be made in the future.

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## Hepatitis Associated with Coxsackie B5 Virus

Coxsackie B5 virus has been incriminated in a case of hepatitis, inflammation of the liver, according to a report in the January 6 *Journal of the American Medical Association*.

"Hepatitis due to this agent has never been described previously in an adult," Drs. William J. O'Shaughnessey and Howard A. Buechner, New Orleans, said.

Since this virus was isolated in 1952, it has been

shown to produce several syndromes, including mild paralysis, the authors said. Although it is capable of causing liver damage in "experimental animals and possibly in human infants on rare occasions," it has never been reported to produce obvious signs of liver disease in adults before, they said.

The virus was found in a 21-year-old expectant mother who developed an illness marked by fever in which hepatitis was associated with inflammation of the eyelids and nervous system, the two physicians reported. The heart and kidneys also were affected, they said.

The recovery of the Coxsackie B5 virus "made it seem entirely reasonable to incriminate this agent as being responsible for the entire clinical picture," they said.

The woman was critically ill for a week, they said, but both mother and child survived.

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## No Evidence Food Additives Endanger Public Health

(Continued from Page 66)

The Council also pointed out that federal agencies do not have jurisdiction over foods that are produced and sold within a state, terming this "the biggest loophole in our food regulations."

The Council urged formulation of state laws covering food additives incorporating the "practical and useful" sections of federal regulations.

"At present, not only the laws but also the laboratories and inspection services in most states are inadequate to conduct a food control program comparable to that of federal agencies," the Council said. "Sufficient state funds should be appropriated to support research and testing on present food additives. These funds should be provided at the same time that any new regulations are enacted. Enforcement of regulations including laboratory testing procedures and court actions, when necessary, must have adequate financial support if state food additives programs are to function properly."

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### **Flashlight Used to Find Brain Defects in Babies**

An ordinary flashlight is being used routinely to find brain defects in infants examined at Massachusetts General Hospital, Boston, according to Drs. Philip R. Dodge and Philip Porter.

The flashlight which illuminates the cranial cavity has aided the diagnosis of a variety of cerebral abnormalities, the two physicians wrote in the December *Archives of Neurology*, published by the American Medical Association. They urged wider application of the method, termed transillumination and employed as early as 1831 by Richard Bright with sunlight and candle.

In the newborn or very young infant, the authors said, transillumination may be the only definite way to find whether anything is amiss. In addition, they said, the technique can be useful in following the course of a brain condition.

The authors said they used a two-battery flashlight with the glass lens removed and a soft rubber cup attached for contact with the baby's head. The examinations were done in a dark room, they said, and color photographs of the illuminated brain were taken with flashbulbs.

The technique was generally successful in all infants up to one year old although the color and thickness of hair and complexion of skin influenced the results, they said.

This simple technique "has a much wider application to neurologic diagnosis than is generally realized," they said, but it "must be employed routinely before its usefulness can be fully appreciated."

### **Study Urged of Possible Morphine Substitute**

(Continued from Page 68)

a nonaddicting substitute for morphine, the two physicians commented. A number of agents introduced for this purpose have proved to be potent pain relievers but only at the price of morphine-like side effects, they said. The only potent analgesic devoid of the capacity for producing physical dependence, nalorphine, has "unfortunately proved impractical . . . because of its bizarre mental effects," they said.

**RECOMMENDED PROCEDURES FOR PRACTICAL EVALUATION OF IMPAIRED LUNG FUNCTION IN INDIVIDUALS WITH OCCUPATIONAL CHEST DISEASES**—Report of the Committee on Occupational Diseases of the Chest and Committee on Pulmonary Physiology, American College of Chest Physicians. *Dis. Chest*—Vol. 40:344 (Sept.) 1961.

The committees on Occupational Diseases of the Chest and on Pulmonary Physiology of the American College of Chest Physicians prepared this report, which outlines and recommends basic studies in both clinical evaluation and pulmonary function testing.